HOW TO COMPLETE THE MEAL BENEFIT FORM

Pleas	se complete the Meal Benefit Form	using the instructions below. Sign the form a If you need help, ca	nd return it to ll: #
(a) I (b) I	If you are applying for meals for chaprovider and the name of the sponso	, include your child's grade and the name of ild care, include the name of the child care c	enter or the name of the family daycare home
(a) V (b) A	FOSTER CHILDREN: Complete this Part and sign the form in #5. Write the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. A foster parent or other official representing the child must sign the form in #5. You do not have to list a social security number. Complete a separate form for each foster child.		
(a)] (b)] (c)]	If you are a family day care home property of the case number(s) for you or you for your child is enrolled in a tier II fattached List of Other Categorically	, list your current food stamp, FDPIR or TA rovider applying for child care for tier I beneated the control of	efits, list your current food stamp, FDPIR or program and case number, if applicable. (See
(a) \frac{1}{2} (b) \frac{1}{2} (c) (d) \frac{1}{2} (d)	ALL OTHER HOUSEHOLDS: Complete this Part and sign the form in #5. Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for and all other household members. Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, welfare, pensions, and other income (see the examples below for types of income to report). Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usua write that person's usual monthly income. If anyone is self employed, write the amount of income the person earns from self-employment; for example, income from being a family day care home provider, or operating a farm. Please call the number at the top of the form if you need help. If you are a family day care home provider applying for tier I benefits, please provide income documentation supporting your status. E) Sign the form and include your social security number in #5. If you do not have a social security number, write "none".		
(a) [(b) [SIGNATURE AND SOCIAL SECURITY NUMBER: (a) The form must have the signature of an adult household member. (b) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, write "none". A social security number is not needed if you listed a food stamp, FDPIR or TANF case number or if you are applying for a foster child. (c) If you are applying for tier I benefits as a family day care home provider, please indicate that in this section.		
6 I	RACIAL/ETHNIC IDENTITY: Y information will help ensure that every	ou are not required to answer this question eryone is treated fairly.	to get meal benefits, but completion of this
		INCOME TO REPORT	
Earnings from Work Wages/salaries/tips Strike benefits Unemployment compensation Worker's compensation Net income from self-owned		Pensions/Retirement/Social Security Pensions Supplemental Security Income Retirement income Veteran's payments Social security	Other Monthly Income/Self-employment Disability benefits Cash withdrawn from savings Interest/dividends Income from estates/trusts/ investments

Net income from sen-owned business, day care business or farm

Welfare/Child Support/Alimony Public assistance payments Welfare payments Alimony/child support payments Sucial Security

Regular contributions from persons not living in the household Net royalties/annuities/ net rental income Military allowance for off-base housing Any other income